



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 548309		2. Exact name of the Corporation Countertops by Superior, Incorporated												
3. Principal Office Address 840 Cumberland Hill Road #103		City Woonsocket		State RI	Zip 02895									
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island Fabrication of Countertops													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Donna Yasick		Vice-President Name												
Street Address 131 Pine Grove Avenue		Street Address												
City Bellingham	State MA	Zip 02019	City	State	Zip									
Secretary Name		Treasurer Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name		Director Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
Director Name		Director Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>1000</td><td>Common</td><td>No Par</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	Common	No Par												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.														
Name of Authorized Representative Donna Yasick					Date 1/20/17									
Signature of Authorized Representative <i>Donna N. Yasick</i>														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 23 2017

BY

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FORM 630 - Revised: 10/2016